

**Spokane Regional Health District**  
**Environmental Health Division**  
1101 W. College Avenue, Suite 402  
Spokane, WA 99201-2095  
324-1560 ext. 4



**Swimming Pool  
Plan Review Checklist**

**General Project Information**

New       Renovation       Addition

**Project Name:**

**Site Address:**

**Owner Name:**

**Architect/Engineer:**

**Address:**

**Address:**

**Telephone Number:**

**Phone Number:**

**Fax Number:**

**Fax Number:**

**Email Address:**

**Email Address:**

**General Contractor:**

**Pool Contractor:**

**Address:**

**Address:**

**Phone Number:**

**Phone Number:**

**Fax Number:**

**Fax Number:**

**Email Address:**

**Email Address:**

**Name of Public Water Supply Serving This Facility:**

**Facility Connected to Septic or Sewer?**

**Please Provide the Following Information on the Proposed Swimming Pool Design**

<b>Distance from the pool to the farthest associated living unit:</b>		_____ ft. <input type="checkbox"/> Not Applicable
<b>How many stories are the associated living units?</b>		_____ stories <input type="checkbox"/> Not Applicable
<b>Any balconies, buildings, equipment rooms, exterior stairs, storage facilities, trees, or other landscape features within 15 feet of the pool?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Shape of the pool:</b>		<input type="checkbox"/> Rectangular <input type="checkbox"/> Oval <input type="checkbox"/> Kidney <input type="checkbox"/> Other: _____
<b>Pool dimensions:</b>		Length: _____ ft. Width: _____ ft.
<b>Pool volume:</b>		_____ gallons
<b>Pool depths:</b>	Shallow: _____ ft. Deep: _____ ft.	Average Depth: _____ ft.
<b>Pool surface area:</b>	Area less than 5 ft. deep: _____ sq. ft. Area greater than 5 ft. deep: _____ sq. ft.	Total surface area: _____ sq. ft.
<b>Maximum pool bather load:</b> (Note: Show bather load calculation on the attached pool calculation worksheet)		_____
<b>Type of material used to construct the pool:</b>		<input type="checkbox"/> Plaster <input type="checkbox"/> Tile <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____
<b>Pool color:</b> (Note: Pool must be white or light in color)		<input type="checkbox"/> White <input type="checkbox"/> Other: _____
<b>Slope of the pool bottom, from the shallow end to 5 feet deep:</b>		_____
<b>Safety float line or safety marking line provided if the pool has a sudden change of slope?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Indoor ventilation in accordance with current ASHRAE standards?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**Please Provide the Following Information on Pool Sidewall – Pool Bottom Junctures**

Total Pool Depth		Vertical Sidewall Depth (Springline)	Radius of Curvature
At Shallow	ft.	ft.	in.
At Intermediate	ft.	ft.	in.
At Deepest Point	ft.	ft.	in.



<b>Slope to drain of the above walking surfaces:</b> (Note: Slope must be at least ¼ in. per foot to drain)	_____
<b>Sufficient drains to prevent standing water on all walking surfaces?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any gaps or abrupt edges greater than ½ in. on any walking surface?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hose bibs spaced no more than 150 feet apart around the deck?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please Provide the Following Information on Proposed Depth Markings**

<b>On The Pool Deck:</b>	
<b>Size of the depth markings:</b> (Note: Must be at least 4 inches high)	_____ in.
<b>Depth markings non-slip?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Depth markings a contrasting color?</b> (Note: Pool depth markings placed on the deck must be within 18 inches of the water's edge, be easily readable while facing the pool, placed at minimum and maximum water depths and all points of slope change, and spaced no more than 25 feet apart.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Inside the Pool:</b>	
<b>Size of the depth markings:</b> (Note: Must be at least 2 inches high)	_____ in.
<b>Depth markings a contrasting color?</b> (Note: Pool depth markings placed on the sidewall must be in the same locations as the depth markings placed on the pool deck.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please Provide the Following Information on Barrier Protection**

<b>Minimum height of the barrier:</b>	_____ ft.
<b>Are all doors or gates that allow access into the pool enclosure self-closing?</b> (Note: All doors and gates allowing pool users to enter the enclosure must be self-closing and self-latching unless the facility is life guarded during all hours of operation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are all doors or gates that allow access into the pool enclosure self-latching?</b> (Note: All doors and gates allowing pool users to enter the enclosure must be self-closing and self-latching unless the facility is life guarded during all hours of operation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Height of each door or gate latch:</b> (Note: Minimum latch height is 60 inches unless the door or gate is kept locked at all times.)	_____ in.
<b>If the height of any of these latches is less than 60 inches, is a key or other access control system required to enter the pool enclosure?</b> (Note: A solid piece of material at least 18 inches wide must completely surround latching mechanisms less than 60 inches high to prevent unauthorized access into the pool enclosure.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Doors and gates lockable during periods of non-use?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Material used to construct the barrier:</b> (Note: Drawings of the proposed barrier must be included in the plans, especially if using chain link, wrought iron, brick, flagstone, rock, or other material for barrier walls, columns, or posts.)	_____
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**Please Provide the Following Information on Locker Rooms and Restrooms**

<b>Distance from the pool to the restrooms:</b>	_____
<b>Are all fixtures including sinks, toilets, urinals, showers, and diaper changing stations in the locker room, shower, and toilet areas shown on the plans?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Soap in non-glass dispensers provided at sinks and showers?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Single use towels or dryers provided near sinks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Shower design allows a full-body shower in the nude?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Shower interior surfaces water impervious to at least shower head height?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Shower water temperature set to not exceed 120°F to prevent scalding?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**Please Provide the Following Information on the Recirculation Pump**

<b>Recirculation pump information</b>	Manufacturer:		
	Model #		
	Horsepower:		
	Maximum Capacity with Clean Filter =	GPM @	FOH
	Minimum Capacity with Dirty Filter (just before backwash) =	GPM @	FOH
<b>Pump above or below water level?</b>	<input type="checkbox"/> Above Water Level <input type="checkbox"/> Below Water Level		
<b>Copy of pump curve provided?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Can the pump be isolated by valves for service?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Piping details shown on the plans?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please Provide the Following Information on the Overflow System**

<b>Skimmer Information</b>	Manufacturer:		
	Model #		
	Length of weir per skimmer:	in.	
<b>Number of skimmers:</b>	_____		
<b>Number of equalizer line fittings:</b>	_____		
<b>Equalizer line fittings conform to ASME A112.19.8 standard [WAC 246-260-031(8)(d)(iii)]?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Overflow outlets designed to maintain at least 60% of total recirculation flow at all times?</b> [WAC 246-260-031(8)(b)]	_____ minimum percentage of the total recirculation flow through the overflow system
<b>Flow per linear inch of weir during normal pool operation with a <u>clean</u> filter:</b> (Note: Flow cannot exceed 5 gpm per linear in. of weir during normal operation when the filter is clean. Show calculations on the attached pool calculation work sheet.)	_____ gpm per linear inch of weir
<b>Flow per linear inch of weir during normal pool operation with a <u>dirty</u> filter:</b> (Note: Flow must be at least 3 gpm per linear in. of weir during normal operation when the filter is dirty. Show calculations on the attached pool calculation work sheet.)	_____ gpm per linear inch of weir

**Please Provide the Following Information on Outlets**

<b>Main drain cover information:</b>  Main drain covers compliant with ASME A112.19.8 standard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer:
	Model #
	Sq. in. of opening per drain cover:
	Specification sheets provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Installation instructions included? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Main drain sump information:</b> <input type="checkbox"/> Field Built Sumps  Note: This requires scale drawings prepared and stamped by an architect or engineer licensed in Washington State. All drawings and other materials related to sump design must be stamped separately by the architect or engineer responsible for the design. A letter from the architect or engineer must also be provided stating that the design(s) conform to the ASME A112.19.8 standard or meets the design specifications of the main drain cover manufacturer.	<input type="checkbox"/> Commercially Manufactured Sumps  Note: This requires specifications from the manufacturer stating conformance to the ASME A112.19.8 standard <u>and</u> additional material demonstrating the main drain cover is compatible with the sump.
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<b>Maximum water velocity through all main drains at 100% flow:</b> (Note: Maximum velocity cannot exceed 1.5 ft. per second at 100% flow. Show calculations on the attached pool calculation work sheet.) [WAC 246-260-031(8)(e)(iii)]	_____ ft. per second
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<b>Main drains located at least 3 feet apart?</b> [WAC 246-260-031(8)(e)(iv)(B)] (Note: As measured between the centers of the drain covers)	<input type="checkbox"/> Yes <input type="checkbox"/> No Distance: _____ ft. apart
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<b>Number of Main Drains:</b> [WAC 246-260-031(8)(e)(iv)] (Note: Two or more main drains are required)	_____
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<b>Branch line piping equidistant from trunk line?</b> [WAC 246-260-031(8)(e)(iv)(A)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Main drains designed so that if one drain is blocked, the remaining main drains are rated to at least 100% of maximum pump flow?</b> [WAC 246-260-031(8)(e)(iv)(D)]	<input type="checkbox"/> Yes <input type="checkbox"/> No – specify: _____
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<b>Main drain piping properly sized to assure water velocity does not exceed 6 feet per second at 100% flow?</b> [WAC 246-260-031(8)(e)(ii)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Proposed light intensity in locker rooms and mechanical rooms:</b> (Note: Must be at least 20 foot-candles)	_____ foot-candles
<b>Proposed light intensity above the pool surface if facility is indoors:</b> (Note: Must be at least 30 foot-candles.)	_____ foot-candles
<b>Overhead lighting and underwater lighting sufficient to clearly see the bottom of the pool?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>All lights positioned above the walking surfaces and pool areas shielded?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please Provide the Following Information on Emergency Equipment</b>	
<b>Location of emergency telephone:</b> (Note: At General Use Facilities – phone should be in or near the enclosure. At Limited Use Facilities – phone must be located within 1 minute access and available at all times)	_____
<b>Location of 16 unit first aid kit and emergency blanket:</b> (Note: Must be accessible during all operational hours)	_____
<b>Lifeguarded Facility – Rescue tubes or buoys and backboard provided?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>During Non-Lifeguarded Hours – Reaching poles, double crook life hook, and throwing devices provided?</b> (Note: Pole must be at least 12 feet long)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

### POOL CALCULATIONS

<u>Bather Load</u> (Pool)
Bather Load (Outdoor Pools) = $\frac{\text{Pool Area 5 Feet Deep or Less}}{(15)} + \frac{\text{Pool Area Greater Than 5 Feet Deep}}{(30)} =$
Bather Load (Indoor Pool) = $\frac{\text{Pool Area 5 Feet Deep or Less}}{(25)} + \frac{\text{Pool Area Greater Than 5 Feet Deep}}{(30)} =$

<u>Main Drain Velocity</u> (Assume 100% of maximum pump capacity through drains)
$\frac{\text{Total Pump Capacity (gpm)}}{448.8 \text{ (gpm/cu. ft./sec.)}} \div \frac{\text{Total open area in drains (sq. in.)}}{144 \text{ (in./sq. ft.)}} = \text{Main drain velocity (fps)}$
NOTE: Maximum main drain velocity cannot exceed 1.5 feet per second



Maximum and Minimum Flow Through Skimmers

Maximum Skimmer Flow Rate (gpm):

Normal Operational Flow Rate Through Skimmers When Filter Is Clean In gpm =  
Total Linear Inches of Weir for All Skimmers

Minimum Skimmer Flow Rate (gpm):

Normal Operational Flow Rate Through Skimmers When Filter Is Dirty In gpm =  
Total Linear Inches of Weir for All Skimmers

Indicate Minimum Percentage of Total Recirculation Flow Through Skimmers: \_\_\_\_\_%

NOTE: Flow through skimmers must be maintained between 3 – 5 gpm per linear inch of weir during normal pool operation.  
Overflow outlets must maintain at least 60% of the total filter recirculation flow at all times.

Pools/Master Forms & Letters/Plan Review Checklist-Pools

All construction shall be in accordance with the information submitted on this checklist unless addenda for modifications have been approved by the Spokane Regional Health District.

\_\_\_\_\_  
Architect/Engineer Signature

\_\_\_\_\_  
Stamp